

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2020 AUG 26 PM 1:54

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000259396

1 Limited Liability Company's Name

4645 LAKELAND HOLDINGS LLC

2. Principal Office Address - No P.O. Box #

8230 210TH ST. SOUTH

Suite Apt #, etc

2

City & State

Boca Raton

Zip

33433

Country

US

3. Mailing Office Address

8230 210TH ST. SOUTH

Suite, Apt #, etc

2

City & State

Boca Raton

Zip

33433

Country

US

8 Name and Address of Current Registered Agent

Name

LEAD MANAGEMENT LLC

Street Address (P.O. Box Number is Not Acceptable) Suite

8230 210TH ST. SOUTH STE 2

Apt #, Etc

City

Boca Raton

State

FL

Zip Code

33433

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Date 6/15/2020

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Robert Beyer	8230 210TH ST. SOUTH STE 2	Boca Raton/ FL / 33433

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605 0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 6/15/2020

Daytime Phone #

561-232-7999

Typed or printed name of signing authorized representative/member

Robert Beyer

700351193007
08/28/20--01004--003 **233.75

300351194008
08/28/20--01004--004 **133.75

CR2E041 (1/14)

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified To Do Business in Florida

1/3/2019

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

T. MOORE

AUG 28 2020